

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X

SOPHIE WELISCH,

Plaintiff

-against-

UNITED STATES OF AMERICA,

Defendant.

-----X

CERTIFICATE OF SERVICE  
BY CERTIFIED MAIL

07-CV-6165

CARMEN FARRELL, being duly sworn, deposes and says:

1. She is over 18 years old and is not a party to this lawsuit;

2. A copy of the Summons and Complaint in this action directed to the United States Postal Department was deposited in the United States Post Office for mailing by certified mail, return receipt requested.

3. This copy of the Summons and Complaint was in fact received by the United States Postal Department on July 6, 2007, as evidenced by the attached registry or return receipt.

4. This service was made pursuant to Fed. R. Civ. P. 4(i)(1)(C).

  
Carmen Farrell

Sworn to before me  
this \_\_ day of July, 2007

  
Notary Public

HAROLD Y. MACCARTNEY, JR.  
NOTARY PUBLIC, State of New York  
Residing in New York County  
Commission Expires Sept. 30, 2010

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|--|--|--|--|
| <ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> |  | <p>A. Signature <input type="checkbox"/> Agent<br/><input checked="" type="checkbox"/> Addressee</p> <p>B. Received by <i>Printed Name</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below. <input type="checkbox"/> No</p> <p>ST. LOUIS LAW OFFICE</p> |  |
| 1. Article Addressed to:<br>United States Postal<br>Department -Law Dept.<br>National Tort Center<br>P.O. Box 66640<br>St. Louis, MO 63166-6640  |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.   |  |
| 2. Article Number<br>(Transfer from service label)   |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |  |
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